

APPLICATION INSTRUCTIONS:

1. Print out the AWG Application and Commander's Evaluation.
2. Complete the application in your own hand writing using black ink.
3. Sign and date the application, polygraph consent, and authorization for release of information form.
4. Enclose your last five NCOER's / OER's and current APFT as applicable.
5. Enclose an updated ERB / ORB as applicable.
6. Enclose the sealed Commander's Evaluation, unless the Commander emails it directly to AWG.
7. Once you have completed the application and compiled the required documents, mail your application to the following address:

**Asymmetric Warfare Group
ATTN: Charlie Squadron Accession Troop
2282 Morrison Street STE 5355
Fort Meade, MD. 20755**

(You will receive email confirmation once your application has been received)

-FIELD TEAM APPLICANTS – START PHYSICALLY PREPARING YOURSELF NOW-

If you have further questions or need assistance, contact the AWG recruiting team @

awg.recruiter@us.army.mil

**301-768-6159
301-833-5234 or DSN 733-5234
301-833-5368 or DSN 733-5368**

ASYMMETRIC WARFARE GROUP CANDIDATE APPLICATION

Data Required by the Privacy Act

Authority: Executive Order 9397, 10450, and 11652.

Principal Purpose: To record data concerning individuals who volunteer for assignment to the Asymmetric Warfare Group.

Uses: To assist in screening, interview, and psychological evaluation of volunteer during hiring process and the formal Assessment and Selection Course.

Mandatory/Voluntary Disclosure and Effect of Individual Not Providing Information: All information is voluntary. Refusal to provide information will prevent favorable consideration of volunteer's request for assignment.

Application Instructions: Print all answers. Ensure all questions are answered in detail. **Write "N/A" if the question does not apply.** Do not make entries in the shaded areas.

Incomplete applications cannot be properly evaluated.

Date:

Last Name:

First Name:

MI:

Rank:

SSN:

Do you have a Government Credit/Travel Card?

Are you currently on Active Duty status in the United States Army?

***National Guard & Reservists are not eligible to apply for an assignment with the AWG.**

What position are you applying for within the Asymmetric Warfare Group? (Check one below)

Field Team Member ☐

Combat Support ☐

Combat Service Support ☐

What is your GT Score?

***110 GT score is the minimum requirement to submit an application.**

How did you perform on your last APFT?

Push ups

Sit ups

2 mile run

Height

Weight

Age

Do you need to be taped?

Body Fat %

Work Contact Information (All information must be completed)

Employer:

How Long?

Unit Identification Code:

Mailing Address:

Duty Phone (Commercial):

Duty FAX (Commercial):

City:

State/APO:

DSN Prefix:

Zip Code:

Duty E-mail:

Home Contact Information

Home Mailing Address:

Home Phone:

Cell Phone:

City:

State/APO:

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Personal E-mail:

Zip Code:

SECTION I--STATEMENT OF PERSONAL HISTORY

(ANSWER ONLY APPLICABLE QUESTIONS)

1. Date of rank: 2. Are you promotable? YES ☐ NO ☐
3. PMOS (NCO Only): 4. Basic Branch (Officer Only):
5. Year Group (Officer Only):
6. Do you have any limiting physical profiles or disabilities? YES ☐ NO ☐
7. Are you branch qualified at your present rank? (Officer Only) YES ☐ NO ☐
8. DOB: 9. Place of Birth:
10. Age: 11. BASD: 12. BPED:
13. Time in Service: _ 14. ETS Date:
15. Indicate your current security clearance level (circle/check):
☐ ☐ ☐ ☐ ☐
CONFIDENTIAL, SECRET, TOP SECRET, SENSITIVE COMPARTMENTED INFORMATION, OTHER
16. a. Are you on reassignment orders? YES ☐ NO ☐ b. Are you flagged? YES ☐ NO ☐
- Reporting to: Report date:
17. US Citizenship (circle):
☐ ☐ ☐ ☐
NATIVE-BORN, NATURALIZED, DUAL CITIZENSHIP, I AM NOT A US CITIZEN
18. Height: inches . Weight: pounds.
19. Blood Type:
20. Current Marital Status:
- a. Married ☐ Single ☐ Divorced ☐ legally separated ☐
- b. Number of times divorced:
- c. Is your spouse in the military? YES ☐ NO ☐ Branch of Service:
- d. Are you assigned under a joint domicile? YES ☐ NO ☐
- e. Who has custody of your children?
- f. Number of dependents:
- g. List all dependents (name, age, and relationship):

h. Are you expecting the birth of a child over the next 8 months? YES ☐ NO ☐

If yes, indicate expected delivery date

i. Are your dependents capable of caring for their own personal needs in your absence?

j. Are any of your dependents enrolled in the Exceptional Family Member Program or seriously ill?
If yes, explain.

21. Yrs. of education

List all civilian education (high school, college, vo-techs, and studies on-going):

Dates	School/Location	Concentration	GPA	Qualification

22. Chronologically list all military and civilian training courses attended: (Include BSEP if attended)

Dates	Course	Qualification

23. List all military and civilian training courses attended, but not successfully completed:

Dates	Course	Reason for not completing

24. Explain your specified, implied, and additional responsibilities in your present assignment or position:

25. List your last five military and/or civilian job descriptions:

Rank/Job Description	Duties/Responsibilities	Dates
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26. Military and civilian assignment background (indicate years/months served in each category) even if you are prior service or retired military.

Light Infantry	Engineer
Mechanized Infantry	Administration
Airborne Infantry	Logistics
Ranger Infantry	Service Schools
Special Forces	Recruiter
Artillery	Drill Instructor
Aarmor	O/C
Signal	Medical
Other (specify)	No previous military experience

27. Additional civilian assignment background qualifications:

28. Have you ever worked as a civilian in a hazardous duty area? If yes, briefly explain when.

29. Combat or hazardous duty military and/or civilian experience:

Unit	Inclusive Dates	Position/Role

30. Languages (other than English). Enter DLPT scores:

a. Language_ Date Tested Read Listen

b. Language_ Date Tested Read Listen

c. DLAB score:

31. Do you possess any other military/civilian training/experience and qualifications?

32. List all civilian employment:

Dates	Employer	Duties	Reasons for Leaving

33. List all fraternal or political organizations to which you belong:

34. Have you had any military/civilian overseas assignments?

Dates	Location	Unit of Assignment

35. Has your use of alcohol (such as liquor, beer, wine etc.) resulted in any alcohol related treatment or counseling, (command referral, alcoholics anonymous, or any other similar in nature activity) or resulted in public disgrace, loss of employment, damaged health or marital difficulties? If yes, explain.

36. Have you ever consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or been prescribed mental health medications such as anti-depressants or tranquilizers? If yes, explain.

37. Have you ever illegally used any controlled substance, e.g.: marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.) or prescription drugs? If yes, explain.

38. Have you ever been involved in illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another? If yes, explain.

39. Have you ever had a clearance or access authorization denied, suspended, or revoked? If yes, explain situation and dates.

40. Have you ever been charged with or convicted of a felony or misdemeanor (including those under UCMJ)? If yes, explain situation and dates. (This includes any incidents in your restricted file that might be revealed during application for TS-SCI Security clearance)

41. Have you ever been charged with or convicted of a firearms or explosives offense? If yes, explain situation and dates.

42. Are there currently any charges pending against you? If yes, explain situation and dates.

43. Have you ever been charged with or convicted of any offense related to alcohol or drugs? If yes, explain situation and dates.

44. Have you ever belonged or had affiliation with any extremist groups? If yes, explain situation and dates.

45. List all traffic violations. Include dates, circumstances, and outcome (fine paid, community service, etc):

SECTION II--SELF-ANALYSIS

Compare yourself with other soldiers and civilians you know of equal rank on the following traits. Check unsatisfactory, satisfactory, or excellent for each trait.

	UNSAT	SAT	EXC
1. Bearing (appearance, conduct, conveys a professional attitude).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Courage (moral and physical).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Decisiveness (makes decisions promptly and states in a clear, forceful manner).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dependability (continually put forth your best effort to achieve highest standards possible).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Endurance (mental and physical ability to withstand pain, fatigue, stress, and hardship).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Enthusiasm (sincere interest in performance of all duties).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Initiative (taking action in the absence of orders).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrity (truthfulness and honesty).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Judgment (ability to weigh facts and possible solutions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Justice (fair, consistent, and prompt consideration of each use involving discipline).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Knowledge (program of learning to keep abreast of current developments).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Loyalty (faithfulness to country, the Army, superiors, subordinates, and peers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Tact (ability to deal with others in a respectful manner).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. What do you know about the Asymmetric Warfare Group and why would you like to be assigned?

47. What are your major strengths?

48. What are your major weaknesses?

49. Do you know anyone assigned to AWG? If yes, who?

SECTION III--FINANCIAL STATEMENT

1. Housing:

Are you now--	Yes	No	Monthly Payment		Balance Owed	
Living in quarters?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Renting?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Buying a home?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Buying a mobile home?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
2. Medical Insurance:			_____	_____		
3. Other Insurance:			_____	_____		

4. Vehicle Payments:

Make	Model	Year	Monthly Payment	Balance Owed

5. Credit Cards (Approximate balance):

	Monthly Payment	Balance Owed

6. Finance Companies (excluding house/car):

	Monthly Payment	Balance Owed

7. Bank Loans (excluding house/car):

	Monthly Payment	Balance Owed

8. Credit Union Loans (excluding house/car):

	Monthly Payment	Balance Owed

Financial Statement (Continued):

	Monthly Payment	Balance Owed
9. Alimony and/or Child Support:	____ Delinquent	<input type="checkbox"/> YES <input type="checkbox"/> NO

10. Other Indebtedness or Financial Obligations
(Red Cross/AER):

	Monthly Payment	Balance Owed

11. Your Monthly Income: _____

12. Additional Military/Civilian Entitlements: _____

13. Spouse's Income: _____

14. Other Income (stocks, bonds, mutual funds,
rental properties, etc.): _____

15. Total Monthly Income: _____

16. Have you or your spouse ever filed a petition under any chapter of the bankruptcy code, including Chapter 7 or 13? If yes, explain.

17. Have you had your wages garnished or had any property repossessed for any reason? If yes, explain.

18. Have you ever had a lien placed against your property for failing to pay taxes or other debts? If yes, explain.

19. Are you now or have you ever been delinquent on any debt? If yes, explain.

20. Outline your savings and investment plan for the future. Additionally, if you have debt, what is your reduction plan?

21. Taking this entire application into account, is there anything in your background, not mentioned, you feel we should know?

22. I attest that the statements and answers in all parts of this application, to the best of my knowledge and belief, are complete and true.

(SIGNATURE)

(PRINTED NAME)

(SSN)

(RANK)

AWG-ST

DATE:

MEMORANDUM FOR CDR, AWG

SUBJECT: Polygraph Examination

1. As a requisite for consideration of my assignment to the Asymmetric Warfare Group, I, the undersigned, voluntarily consent to submit to polygraph examination(s) as deemed necessary by the Commander, AWG.
2. I further understand that refusal to submit to polygraph examination(s) will prevent favorable consideration of my request for assignment to or continued retention in AWG. I certify that this is a voluntary statement and no one has forced me to sign it.

(SIGNATURE)

(PRINTED NAME)

(SSN)

(RANK)

WITNESSED BY:

(SIGNATURE)

(PRINTED NAME)

Data required by the Privacy Act of 1974.

AUTHORITY: Title 44, USC 31

PRINCIPAL PURPOSE(S): Provide personnel data.

ROUTINE USES: Grants consent for Polygraph Examination.

MANDATORY OR VOLUNTARY: VOLUNTARY, Individuals who do not grant permission for Polygraph Examination cannot be considered for assignment to AWG.

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)	Date Signed
Other Names Used		Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code
		Home Telephone Number (<i>Include Area Code</i>) ()

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MEMORANDUM FOR IMMEDIATE COMMANDER

SUBJECT: Commander's Evaluation for Acceptance to Attend Asymmetric Warfare Group (AWG) Assessment and Selection Course

1. Recently, A member of your command has applied to attend the Asymmetric Warfare Group Assessment and Selection Course. Often times, individual records do not adequately reflect important information deemed essential to the application review process used in determining best-qualified applicants for course attendance.

I value and weigh heavily your opinion as a commander. I appreciate your assistance in promptly completing this questionnaire. Please place this evaluation in a sealed envelope and return to the applicant, so that it may be added to their application packet. You may also scan and email your evaluation without showing your comments to the applicant at awg.recruiter@us.army.mil or ivor.griffiths@us.army.mil .

2. If I can assist you, in anyway, please contact my recruiting team at 301-768-6159 or 301-833-5234 or e-mail awg.recruiter@us.army.mil.

JAMES M. MIS
COL, SF
Commanding

(APPLICANT'S NAME: LAST, FIRST, MI) (RANK) (SSN)

DESIRABLE INDIVIDUAL QUALITIES

- A self-starter, capable of working with little, if any, supervision for long period of time.
- Willing to work long hours.
- Intelligently interprets orders and regulations.
- Creative and organized.
- Capable of communicating at all levels.
- High moral character.
- Free of family/marital problems.
- Free of drug and alcohol problems.
- Free of financial problems.

IMMEDIATE UNIT COMMANDER'S EVALUATION - CIRCLE APPROPRIATE RESPONSE AND ADD SUPPORTING COMMENTS AS NEEDED.

1. The volunteer (does/does not) have a record of repetitive civil or military offenses.
☐ ☐
2. The volunteer (is/is not) financially responsible.
☐ ☐
3. The volunteer (does/does not) have marital problems that have been brought to my attention.
☐ ☐
4. The volunteer (is/is not) reliable and emotionally stable.
☐ ☐
5. The volunteer or his dependent(s) (do/do not) have serious medical problems that have been brought to my attention.
☐ ☐

EVEN MORE IMPORTANT WILL BE YOUR CANDID AND SPECIFIC COMMENTS ANSWERING THE FOLLOWING QUESTIONS:

1. Do you recommend this volunteer for assignment to the Asymmetric Warfare Group? If so, why?
2. Approximately how long have you known this volunteer?
3. What do you feel are the volunteer's major strengths?
4. What do you feel are the volunteer's major weaknesses?
5. Based on present potential, what position or level of responsibility do you expect the volunteer to achieve in his career?

6. How does the volunteer interact with others on-duty?

Check one: ☐ Very Positive ☐ Positive ☐ Average ☐ Below Average ☐ Poor

Comments:

7. How does the volunteer interact with others off-duty?

Check one: ☐ Very Positive ☐ Positive ☐ Average ☐ Below Average ☐ Poor

Comments:

8. How would you feel if you were to go into combat with the volunteer as a member of a small team?

Check one: ☐ Very Comfortable ☐ Comfortable ☐ Indifferent ☐ Uneasy ☐ Very Uncomfortable

Comments:

9. All things considered, how does this person's ability and potential compare to others of the same rank with whom you are acquainted?

Check one: ☐ Outstanding ☐ Excellent ☐ Good ☐ Average ☐ Poor
(Top 5%) (Top 15%) (Top 1/3) (Middle 1/3) (Bottom 1/3)

10. What is the volunteer's most current APFT score?

Date of APFT

Push Ups

Sit Ups

2 Mile Run

11. What level Security Clearance does the volunteer currently possess?

☐
None

☐
Interim Level

☐
Secret

☐
Top Secret

☐
TS-SCI

12. If soldier does not possess a clearance, would you recommend the BN Cmdr grant an Interim Level?

13. What additional information about the volunteer do you feel we should know?

NAME

RANK

POSITION

AKO EMAIL

UNIT

PHONE (DSN/COMM) _____

SIGNATURE _____

DATE _____

Data required by the Privacy Act of 1974

AUTHORITY: Title 44, USC 3101

PRINCIPAL PURPOSE: Commander's Evaluation

ROUTINE USES: Commander's Evaluation for the Asymmetric Warfare Group

MANDATORY OR VOLUNTARY: Mandatory, if volunteer is to be considered for Training/Selection.